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Bib Data Sheet

CONFIRMATION NO. 8548

<b>SERIAL NUMBER</b> 09/702,050	<b>FILING DATE</b> 10/30/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2161	<b>ATTORNEY DOCKET NO.</b> ET00-005CIP
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLICATION IS A CIP OF 09/192,735 11/16/1998 PAT 6,141,653  
*yes SMD*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None SMD*  
AND A CIP OF 09/192,729 11/16/1998 PAT 6,338,1  
AND A CIP OF 09/192,979 11/16/1998 PAT 6,338,1  
AND A CIP OF 09/192,848 11/16/1998 PAT 6,332,1

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
\*\* 01/17/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 74	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>EXAMINER'S SIGNATURE</b> <i>S. D. T. 7/</i>	<b>INITIALS</b>		

**ADDRESS**  
Maureen Stretch  
26 Charles Street  
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**TITLE**  
System and method for contract authority

<b>FILING FEE RECEIVED</b> 492	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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